

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-013778**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **326**

Primary Registration District No.

Registrar's No. **67**

VS 300  
Rev. 4/59

1 **0490**

2 **0990-**

3

4 **1**

5 **1**

6

7 **1**

8 **0**

9 **332X**

10

11

12 **90-2**

13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 2 1962**

1. PLACE OF DEATH

a. COUNTY **Scotland**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Memphis**

Length of stay in lb  
**Most of life**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Scotland**

c. CITY OR TOWN **Memphis** Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
**Virgie May McQuoid**

4. DATE OF DEATH Month Day Year  
**March 28, 1962**

5. SEX **F**

6. COLOR OR RACE **W**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **9/15/1898**

9. AGE (last birthday) **63**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Van Buren County, Ia.**

12. CITIZEN OF WHAT COUNTRY  
**U. S. A.**

13a. FATHER'S NAME  
**Frank Blanchard**

13b. MOTHER'S MAIDEN NAME  
**Jennie Peterson**

14. NAME OF HUSBAND OR WIFE  
**Comley McQuoid**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
**Comley McQuoid Memphis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Arteriosclerosis**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Apr 20 55** to **Mar 28-62** and last saw her alive on **3-27-62**  
Death occurred at **3 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**A.M. Keethler D.O.**

22b. ADDRESS **Memphis, Mo.** 22c. DATE SIGNED **3-28-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE **3/29/1962**

23c. NAME OF CEMETERY OR CREMATORY  
**Memphis Cemetery**

23d. LOCATION (City, town, or county) (State)  
**Memphis, Missouri**

24. FUNERAL DIRECTOR ADDRESS  
**Smith & Bookert Memphis Mo.**

25. DATE RECD. BY LOCAL REG.  
**3-28-62**

26. REGISTRAR'S SIGNATURE  
**Vera E. Turner**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit Obtained  
Mar 28, 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed George Guth

Licensed Embalmer No. 5091

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.